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PTO/SB/22 (12-04)

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|--|------------------|---|-------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).) | | Docket Number (Optional) 495152002400 | |
| Application Number | 10/538,402 | Filed (Int'l.) December 9, 2003 | |
| For MEASURING ALIGNMENT BETWEEN A WAFER CHUCK AND POLISHING/PLATING RECEPTACLE | | | |
| Art Unit | Not Yet Assigned | Examiner | Not Yet Assigned |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | | Fee | <u>Small Entity Fee</u> |
| | | \$120 | \$60 |
| | | \$450 | \$225 |
| | | \$1020 | \$510 |
| | | \$1590 | \$795 |
| | | \$2160 | \$1080 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> | | | |
| | | I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. | |
| I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/68/96). <input type="checkbox"/> attorney or agent of recrd. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>44,417</u> | | | |
| <u>for</u> <u>Leah Kjellen</u> Signature | | July 21, 2006 Date | |
| <u>Peter J. Yim</u> Typed or printed name | | (415) 268-6373 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |

07/27/2006 ATRAN1 00000139 031952 10538402

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I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: July 21, 2006Signature: Leah Kjellen

(Leah Kjellen)

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